

FEE TRANSMITTAL

Application Number 10/550,075 Art Unit 2877
Filing Date Confirmation No. 6188
Inventor(s) Oleg Kolosov, et al.
Examiner Name
Attorney Docket Number SMX 6014.4 (2003-011CIP1 (PCT/US))

☐ Applicant claims small entity status.

METHOD OF PAYMENT

- ☒ The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 50-0496. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 50-0496.
- ☐ Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. ☐ BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____

2. ☐ EXCESS CLAIM FEES

Total Claims ____ - ____ (HP) = 0 x Fee ____ = \$ 0.00
Indep Claims ____ - ____ (HP) = 0 x Fee ____ = \$ 0.00
Multiple Dependent Claims Fee \$
(HP = highest number of claims paid for)

Subtotal (2) \$ 0.00

3. ☐ APPLICATION SIZE FEE

Total Pages N/A - 100 = NaN + 50 = 0 x \$ ____ = \$ 0.00
(Application + Drawings) (round up to whole #)

Subtotal (3) \$ 0.00

4. ☒ OTHER FEE(S)

- ☒ Fourth month extension of time
☐ Information disclosure statement
☐ 37 CFR 1.17(q) processing fee
☐ Non-English specification
☐ Notice of Appeal
☐ Filing a brief in support of appeal
☐ Request for oral hearing
☒ Other: Surcharge (\$130) as set forth in
37CFR1.492 (h)

Subtotal (4) \$ 1720.00

TOTAL AMOUNT OF PAYMENT \$ 1720.00

Michael E. Godar
Michael E. Godar
Reg. No. 28,416

11/22/06
Date
Telephone: 314-231-5400

MEG/cms

By EFS